Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at http://about.jstor.org/participate-jstor/individuals/early-journal-content.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

directly to the cows having garget, chapped, and ulcerative affections of the teats and udder, while in one instance the cows were apparently healthy, but the calves had diarrhea. In another, one of the dairymaids suffered from a sore throat of an erysipelatous character; in another the patient continued to milk while suffering from diphtheria. In still another, one of the drivers of the dairy wagons was suffering from a sore throat.

It is difficult, if not impossible, to account for the infectious qualities of the milk in those epidemics where scarlet fever and diphtheria could not be found at the milk farm or shops, unless we are permitted to look to the cows themselves as a source of infection, and for reasons already given, we feel justified in believing that in many instances we have to deal with a staphylococcus or streptococcus infection, while in the typhoid epidemics traced to milk farms or shops, where no cases of enteric fever could be found, we are either forced to the conclusion that the specific germs remained dormant for a long time, or that certain harmless bacteria may acquire virulent properties by suitable environments which, unfortunately too often, exist in connection with our milk farms. The extreme possibility of the infectious germs entering the cans or bottles while the milk is in transit from the farms and shops to the customers in all these obscure instances deserves to be mentioned.

It is interesting to note that of 138 epidemics of milk typhoid, 74 of scarlet fever, and 28 of diphtheria, a total of 240 epidemics, 187 have been recorded by English authors, 31 by American, and 9 by Scandinavian; 8 came from German, 3 from Australian, and 1 each from French and Swiss sources.

Whether this is due to the fact that on the Continent of Europe milk is rarely used in a raw state, or whether it is simply an index of the greater interest taken in England and the United States in "preventive medicine," remains to be determined.

We fail to see, however, wherein Dr. Scholl is justified in regarding the epidemics reported by American physicians with suspicion, when, as a matter of fact, the reports compare favorably with those of the best English authors in the presentation of evidence and attention to details. Dr. Scholl should remember that it was, after all, an American physician who first demonstrated the nature of cheese poison, which, as venenum casei, had baffled the efforts of European scientists for over a century, and that the same Professor Vaughan was also the first physician who presented bacteriological evidence in an instance of milk typhoid infection. * * *

The report in full covers nearly 100 pages and contains not only a most complete presentation of the evidence on morbific milk, but also a tabulated statement of the numerous milk-borne epidemics of typhoid fever, scarlet fever, and diphtheria.

[Reports to the Supervising Surgeon-General Marine-Hospital Service.]

Smallpox in Memphis.

MEMPHIS, TENN., *February 1, 1896.*

SIR: I have the honor to report with reference to the smallpox in this city that 44 cases and 6 suspected cases have arisen in the city and suburbs during the month of January. In these cases, 3 of the patients were white and the others negroes.

Very respectfully, yours,
H. W. WICKES,
Assistant Surgeon, M. H. S.

Smallpox in Arkansas.

On January 25, 1896, Passed Assistant Surgeon Smith reported 1 new case of smallpox in Crittenden County, Ark. On January 27 he visited Seypels Landing, Ark., and found there had been 9 deaths from smallpox at that place, but exact number of cases could not be learned. No recent cases, but 2 convalescents still required quarantine. Disinfected 5 houses. January 31 Passed Assistant Surgeon Smith telegraphed as follows:

"Two more suspected cases among exposed persons. Disease threatens to spread. Have ordered 3 tents, with stoves, cots, and blankets, from Memphis. Can not inspect entire region yet and attend to present cases."

MEMPHIS, TENN., *February 9, 1896.*

SIR: I have the honor to report that I have visited Mississippi County, Ark., to inspect with reference to the existence of smallpox there. I talked with Dr. F. G. Brewer, of Osceola, president of the health board lately organized in that county, and with others who were engaged in the work of suppressing the smallpox, and learned the methods pursued. I was informed that no new case had arisen in the county since November of last year, and that all quarantined persons were discharged and their effects and houses disinfected a considerable time ago. I did not visit the exact localities which were infected last year, and I did not obtain the number of the case which arose, since that information has been heretofore published in the ABSTRACT OF SANITARY REPORTS. The measures adopted by the health board appear to have been vigorous and effective, and consisted of vaccination of exposed persons, the isolation of infected families, and the subsequent disinfection of the persons, effects, and houses of those affected with the disease by the use of bichloride of mercury solutions and sulphur fumigations, and in some cases the actual burning of articles and houses.

I have not for some time heard rumors from any source of present smallpox infection in Mississippi County, and I believe a more detailed inspection of the county is not necessary. The exact origin of the infection is entirely uncertain, there being three separate and plausible theories concerning it.

While in Osceola, Ark., I inquired concerning the adjoining Pemiscot County, Mo., but could learn nothing of the existence of smallpox there. I have just received a letter, however, from Dr. Q. A. Tipton, of Cottonwood Point, health officer of that county, in reply to an inquiry of mine. He says: "We have had 69 cases of smallpox in our county—44 white, 25 colored. Deaths, 15—5 white, 10 colored. We have no smallpox now. Last case November 18, 1895."

Unless further instructed to do so, I will not visit Pemiscot County, Mo., nor visit Mississippi County, Ark., again.

Very respectfully, yours,
A. C. SMITH,
Passed Assistant Surgeon, M. H. S.